



The Commonwealth of Massachusetts  
State Board of Building Regulations and  
Standards  
Massachusetts State Building Code  
780 CMR

Town of Lanesborough  
Lanesborough, MA 01237  
(413) 442-1167

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY  
BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

Date Received \_\_\_\_\_  
Signature \_\_\_\_\_

Building Commissioner / Inspector of Buildings

This Section for Official Use Only

Date Issued \_\_\_\_\_  
Edition of Code used \_\_\_\_\_

SECTION 1 - SITE INFORMATION

1.1 Property Address

\_\_\_\_\_  
\_\_\_\_\_

1.2 Assessors Map & Parcel Number

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.3 Zoning Information

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

1.4 Property Dimensions

Lot Area (Sq. Ft.) \_\_\_\_\_ Frontage \_\_\_\_\_

1.5 Building Setbacks (Ft)

Front Yard  
Required \_\_\_\_\_ Provided \_\_\_\_\_

Side Yards  
Required \_\_\_\_\_ Provided \_\_\_\_\_

Rear Yard  
Required \_\_\_\_\_ Provided \_\_\_\_\_

1.6 Water Supply (M.G.L.c.40 § 54)  
Public ☐ Private ☐

1.7 Flood Zone Information  
Zone: \_\_\_\_\_ Outside Flood Zone ☐

1.8 Sewage Disposal System  
Municipal ☐ On Site Disposal System ☐

SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) \_\_\_\_\_

Address for Service \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

2.2 Authorized Agent

Name (Print) \_\_\_\_\_

Address for Service \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor

Not Applicable ☐

Licensed Construction Supervisor \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

3.2 Registered Home Improvement Contractor

Not Applicable ☐

Company Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Address \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

**SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L.c.152, § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Signed Affidavit Attached Yes ☐ No ☐

**SECTION 5-PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES-FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)****5.1 Registered Architect:**

Name (Registrant):	Not Applicable <input type="checkbox"/>
Address	
Signature _____ Telephone _____	
Registration Number _____	

**5.2 Registered Professional Engineer(s):**

Name _____	Area of Responsibility _____
Address _____	Registration Number _____
Signature _____ Telephone _____	Expiration Date _____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
Signature _____ Telephone _____	Expiration Date _____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
Signature _____ Telephone _____	Expiration Date _____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
Signature _____ Telephone _____	Expiration Date _____

**5.3 General Contractor**

Company Name: _____	Not Applicable <input type="checkbox"/>
Responsible In Charge of Construction _____	
Address _____	
Signature _____ Telephone _____	

**SECTION 6 - DESCRIPTION OF PROPOSED WORK (Check all applicable)**

New Construction ☐ Existing Building ☐ Repair(s) ☐ Alteration(s) ☐ Addition ☐  
 Accessory Bldg. ☐ Demolition ☐ Other ☐ Specify:  
 Brief Description of Proposed Work:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 7-USE GROUP AND CONSTRUCTION TYPE**

USE GROUP(Check as applicable)						CONSTRUCTION TYPE			
A Assembly	<input type="checkbox"/>	A-1	<input type="checkbox"/>	A-2	<input type="checkbox"/>	A-3	<input type="checkbox"/>	1A	<input type="checkbox"/>
		A-4	<input type="checkbox"/>	A-5	<input type="checkbox"/>			1B	<input type="checkbox"/>
B Business	<input type="checkbox"/>							2A	<input type="checkbox"/>
E Education	<input type="checkbox"/>							2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1	<input type="checkbox"/>	F-2	<input type="checkbox"/>			2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>							3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1	<input type="checkbox"/>	I-2	<input type="checkbox"/>	I-3	<input type="checkbox"/>	3B	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>							4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>	R-3	<input type="checkbox"/>	5A	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1	<input type="checkbox"/>	S-2	<input type="checkbox"/>			5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____							
M Mixed Use	<input type="checkbox"/>	Specify: _____							
S Special Use	<input type="checkbox"/>	Specify: _____							

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE OF USE

Existing Use Group: \_\_\_\_\_ Proposed Use Group: \_\_\_\_\_  
 Existing Hazard Index 780 CMR 34 \_\_\_\_\_ Proposed Hazard Index 780 CMR 34 \_\_\_\_\_

**SECTION 8 BUILDING HEIGHT AND AREA**

BUILDING AREA	Existing (if applicable)	Proposed
Number of floors or stories include basement levels		
Floor Area per Floor (s.f.)		
Total Area (s.f.)		
Total Height (ft.)		

**SECTION 9 STRUCTURAL PEER REVIEW (780 CMR 110.11)**

Independent Structural Engineering Peer Review Required Yes ☐ No ☐

**SECTION 10a OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property  
 hereby authorize \_\_\_\_\_ to act on  
 my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date



**SECTION 10b OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only
1. Building	_____	Building Permit Fee Multiplier _____
2. Electrical	_____	Building Permit Fee _____
3. Plumbing	_____	Check Number _____
4. Mechanical (HVAC)	_____	
5. Fire Protection	_____	
6. Total (1 + 2 + 3 + 4 + 5)	_____	